

State of New Jersey
Department of Banking & Insurance

Insurance Licensing Unit

PO Box 327

Trenton, NJ 08625

**Application for Resident or Non-Resident
Business Entity Insurance License**

(Please Print or Type)

Business Entity Name		Incorporation/Formation Date (month) ____ (day) ____ (year) ____		FEIN -	
If assigned, National Producer Number (NP#)			If applicable, NASD Firm Central Registration Depository (CRD) Number		
List any name under which you are doing business		State of Domicile		Country of Domicile	
Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Business Address			City		State
Zip or Foreign Country					
Phone Number () -		Fax Number () -		Business Web Site Address	
Business E-Mail Address					
Mailing Address		P.O. Box		City	
State		Zip or Foreign Country			

Designated/Responsible Licensed Producer

Identify at least one Designated/Responsible Licensed Producer: The designated responsible producers must have individual producer licenses in NJ and individually or in total have all lines of authority requested by the business entity

Name _____	SSN _____	- -	NJ License # _____
Name _____	SSN _____	- -	NJ License # _____
Name _____	SSN _____	- -	NJ License # _____
Name _____	SSN _____	- -	NJ License # _____

Owners, Partners, Officers and Directors

Identify all owners with 5% interest or voting interest, partners, officers and directors of the business entity:

Resident Applicants Only: Each officer, partner, director, or owner of 5% or more of the business entity and each Designated Licensed Responsible Producer must complete the Live Scan – Electronic Fingerprinting process and provide the PCN number issued at the processing center. See our website at www.njdobi.org for further information.

Name _____	Title _____	SSN/FEIN _____	- -	Owner: Yes / No
Address: _____		NJ Producer License # if applicable: _____		
Name _____	Title _____	SSN/FEIN _____	- -	Owner: Yes / No
Address: _____		NJ Producer License # if applicable: _____		
Name _____	Title _____	SSN/FEIN _____	- -	Owner: Yes / No
Address: _____		NJ Producer License # if applicable: _____		
Name _____	Title _____	SSN/FEIN _____	- -	Owner: Yes / No
Address: _____		NJ Producer License # if applicable: _____		
Name _____	Title _____	SSN/FEIN _____	- -	Owner: Yes / No
Address: _____		NJ Producer License # if applicable: _____		
Name _____	Title _____	SSN/FEIN _____	- -	Owner: Yes / No

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Address: _____ NJ Producer License # if applicable: _____

Mark Lines of Authority. Note the Designated Responsible Producer(s) must have the lines of authority being requested in New Jersey in order for the business entity to obtain the authority

Line of authority
_____ Accident, Health or Sickness
_____ Life
_____ Variable
_____ Surplus Lines
_____ Property
_____ Casualty
_____ Personal Lines
_____ Title
_____ Limited Line - Bail Bond
Other Limited Lines _____ Credit _____ Legal _____ Ticket (includes car rental) _____ Group Mortgage Cancellation _____ Self Storage Personal Property

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Background Information

Please read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? Yes ____ No ____

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment

2. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ____ No ____

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes ____ No ____

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ____ No ____

If you answer yes, identify the jurisdiction(s): _____

5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ____ No ____

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ____ No ____

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) certified copies of all relevant documents.

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Applicants Certification and Attestation

The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties.
2. Where required by law, the business entity hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
3. The business entity grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. Every owner, partner, officer or director of the business entity either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
7. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.
8. I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

Attachments

The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient. Resident applicants must attach a copy of the certificate of incorporation or partnership stamped "Filed" by the County Clerk, Secretary of State or other recording authority. Recording by the County Clerk or others does not guarantee acceptance by the Department. Names that do not comply with N.J.A.C. 11:17-2.7 will be disapproved. Prior to filing the business name, the name should be submitted to the Department PO Box 327 Trenton, NJ 08625 ATTN: Supervisor of Insurance Licensing for approval. Approval guarantees acceptance of the business name if the license application is properly completed, submitted and received by the Department within 90 days. **Resident Applicants Only:** Each officer, partner, director, or owner of 5% or more of the business entity and each Designated Licensed Responsible Producer must complete the Live Scan – Electronic Fingerprinting process and provide the PCN number issued at the processing center. See our website at www.njdobi.org for further information.

Fees

Attach one check made payable to "STATE TREASURER OF NEW JERSEY" for the following amounts:

Resident Applicants

For major lines of authority (not listed as limited line)	\$320.00
For Bail Bond Limited Line	\$170.00
For all other Limited Line authority	\$170.00

Non-resident Applicants

For major lines of authority (not listed as limited line)	\$320.00
For Bail Bond Limited Line	\$170.00
For all other Limited Line authority	\$170.00

If your home state does not participate in the NAIC Producer Database (PDB) or your license status can not be verified through the PDB, you must attach a letter of certification

**Must be signed by an officer, director, principal
or partner of the business entity:**

Month Day Year

Signature

Typed or Printed Name

Title

Social Security Number

Address

City State Zip